

Please type a plus sign (+) inside this box



**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents

1.  Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)

2.  Applicant claims small entity status.  
See 37 CFR 1.27.

3.  Specification [Total Pages 24]  
(preferred arrangement set forth below)  
- Descriptive title of the Invention  
- Cross References to Related Applications  
- Statement Regarding Fed Sponsored R & D  
- Reference to sequence listing, a table,  
or a computer program listing appendix  
- Background of the Invention  
- Brief Summary of the Invention  
- Brief Description of the Drawings (if filed)  
- Detailed Description  
- Claim(s)  
- Abstract of the Disclosure

4.  Drawing(s) (35 U.S.C. 113) [Total Sheets 7]

5. Oath or Declaration (signed) [Total Pages 5]  
a.  Newly executed (original or copy)  
b.  Copy from a prior application (37 C.F.R. § 1.63(d))  
(for continuation/divisional with Box 18 completed)  
i.  DELETION OF INVENTOR(S)  
(Signed statement attached deleting inventor(s)  
named in the prior application, see 37 CFR  
1.63(d)(2) and 1.33(b))

6.  Application Data Sheet. See 37 CFR 1.76

Attorney Docket No. 42P16142

First Inventor Dhananjay V. Keskar, et al.

Title Co-Operative Protocol For Wireless Device Interaction With Intelligent  
Express Mail Label No. EV 336582473 US

Mail Stop Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

ADDRESS TO:

7.  CD-ROM or CD-R in duplicate, large table or  
Computer Program (Appendix)

8. Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all of the following are necessary)

a.  Computer Readable Form (CRF)  
b.  Specification Sequence Listing on:  
i.  CD-ROM or CD-R (2 copies); or  
ii.  paper

c.  Statements verifying identity of above copies

9.  Assignment Papers (cover sheet & document(s))  
10.  37 C.F.R. § 3.73(b) Statement  Power of Attorney  
(when there is an assignee)

11.  English Translation Document (if applicable)

12.  Information Disclosure  
Statement (IDS)/PTO-1449  Copies of IDS  
Citations

13.  Preliminary Amendment  Application Amended  
to Reflect Claim of  
Priority

14.  Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)  
 Certified Copy of Priority Document(s)  
(if foreign priority is claimed)

15.  Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i).  
Applicant must attach form PTO/SB/35 or its equivalent.

16.  Other: \_\_\_\_\_

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment,  
or in an Application Data Sheet under 37 CFR 1.76:

Continuation  Divisional  Continuation-in-part (CIP)

of prior application No: \_\_\_\_\_

Prior application Information: Examiner \_\_\_\_\_

Group/Art Unit: \_\_\_\_\_

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is  
considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be  
relied upon when a portion has been inadvertently omitted from the submitted application parts.

**19. CORRESPONDENCE ADDRESS**

Customer Number or Bar Code Label



\*08791\*

or  Correspondence address below

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Country \_\_\_\_\_

Telephone (408) 720-8300

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Name (Print/Type) James H. Salter, Reg. No. 35,668

Registration No. (Attorney/Agent)

35,668

Signature \_\_\_\_\_

Date 7/1/03

21906 J.S.P.  
10/07/03  
07/09/03



1639 U.S. PTO  
07/01/01

# FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$ 952.00)

Complete if Known

Application Number	
Filing Date	
First Named Inventor	Dhananjay V. Keskar
Examiner Name	
Group/Art Unit	
Attorney Docket No.	42P16142

## METHOD OF PAYMENT (check one)

Check    Credit card    Money Order    Other    None  
 Deposit Account

Deposit Account Number 02-2666  
 Deposit Account Name Blakely, Sokoloff, Taylor & Zafman LLP

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below    Credit any overpayments  
 Charge any additional fee(s) required under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20  
 Charge fee(s) indicated below, except for the filing fee  
 to the above-identified deposit account!

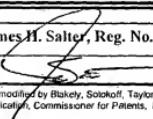
## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65 Surcharge - late filing fee or cash
1052	50	2052	25 Surcharge - late provisional filing fee or cover sheet
2053	130	2053	130 Non-English specification
1812	2,520	1812	2,520 For filing a request for ex parte reexamination
1604	920*	1604	920* Requesting publication of SIR prior to Examiner action
1805	1,840*	1805	1,840* Requesting publication of SIR after Examiner action
1251	110	2251	55 Extension for reply within first month
1252	410	2252	205 Extension for reply within second month
1253	900	2253	465 Extension for reply within third month
1254	1,450	2254	725 Extension for reply within fourth month
1255	1,970	2255	985 Extension for reply within fifth month
1404	320	2401	160 Notice of Appeal
1402	320	2402	160 Filing a brief in support of an appeal
1403	280	2403	140 Request for oral hearing
1451	1,510	2451	1,510 Petition to institute a public use proceeding
1452	110	2452	55 Petition to revive - unavoidable
1453	1,300	2453	650 Petition to revive - unintentional
1501	1,300	2501	650 Utility issue fee (or reissue)
1502	470	2502	235 Design issue fee
1503	630	2503	315 Plant issue fee
Total Claims	29	2d* = 9 X 18.00 = \$162.00	
Independent Claims	3	3d* = 0 X 84.00 = \$0.00	
Multiple Dependent		=	
SUBTOTAL (1)		(\$ 750.00)	
2. EXTRA CLAIM FEES	Extra Claims	Fee from below	Fee Paid
Total Claims	29	2d* = 9 X 18.00 = \$162.00	
Independent Claims	3	3d* = 0 X 84.00 = \$0.00	
Multiple Dependent		=	
SUBTOTAL (2)		(\$ 162.00)	
* or number previously paid, if greater. For Reissues, see below			
* Reduced by Basic Filing Fee Paid			
SUBTOTAL (3) (\$ 40.00)			

## SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	James H. Salter, Reg. No. 35,668	Registration No. (Attorney/Agent)	35,668	Telephone	(408) 720-8300
Signature					
Date	7/9/03				